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DRUG PROGRAM REPORT

Academic Linkage and Credentialing

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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National Institute on Drug Abuse

DRUG PROGRAM REPORT

Academic Linkage and Credentialing

Training Division
National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20857

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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PREFACE

According to Dr. Marilyn Silver, Higher Education Specialist for the Career Development Center, "For a $35 application fee, substance abuse workers in any State can receive a college transcript verifying the award of academic credit from Thomas Edison College in New Jersey. Thomas Edison College, a nontraditional degree granting institution fully accredited by the Commission on Higher Education of the Middle States Association of Colleges and Secondary Schools, grants credit for those NTS courses recommended for credit by the American Council on Education. The Career Development Center (through its registry) acts as a broker in this arrangement by verifying the participation of the worker in the training event."

In a background paper and resource manual entitled "Negotiating Academic Linkages", Dr. Silver cites this as one example of a successful academic linkage arrangement between one State Training Office and a postsecondary institution that results in enhanced professional development opportunities for drug abuse workers.

In the area of drug abuse training, the relationship between the Federal and State Governments is undergoing critical change. The Federal Government through the National Institute on Drug Abuse has played a leading role in leadership development and skill based training for drug abuse workers. The Division of Training has used the National Training System as the systematic tool for implementing this involvement. The new Federal mandate has now substantially changed the role and scope of the National Training System. Its Federal and regional level skill and resource development efforts are ceasing. The planning, training and development activities essential for the continued professionalization of the drug abuse workforce will, in the near future, become primarily State functions.

Many States have prepared for the assumption of these functions by developing systems of competency assessment and credentialing. Currently, 22 States are utilizing some method of assessing competency levels and credentialing drug and substance abuse workers. These credentialing systems invariably require some documentation of education/training experiences. Many credentialing systems also require that workers undergo continual skill and knowledge acquisition through formalized training activities. Institutions of higher education are natural partners in this skill and knowledge acquisition process.

Several of the articles in this issue are designed to assist State training officials as they endeavor to negotiate collaborative training agreements with universities and colleges. These articles not only raise issues for training personnel to consider before they attempt to negotiate an academic linkage, they also delineate practical steps that must be taken if successful negotiations with institutions of higher education are to occur.

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SOME STRATEGIES FOR DEVELOPING ACADEMIC LINKAGES

By Marilyn B. Silver, Ph.D.

The National Training System (NTS) has played a focal role, on the national level, in helping provide the complexity of training services necessary to prepare a professional level drug abuse workforce. The collaborative programs (components) of the National Training System are funded through the contracts and grants administered by the Division of Training within the National Institute on Drug Abuse.

The NTS components collectively provide training, training development, technical assistance, credentialing functions and opportunities for research and evaluation. In providing these services many of the components have established extensive academic linkages with a number of institutions of higher education throughout the country. For example, the State Training Support Program liaisons are continually interfacing with representatives of academic institutions within their States. The purpose of this interface is to assist in the granting of credit for State directed training programs and credit awards for advanced standing based on experiential learning.

Among and within the States a variety of academic linkage arrangements have evolved. For example, each summer, substance abuse workers in both South Carolina and Maryland attend training institutes on college campuses and are eligible for continuing education units from the colleges they attend. In Texas, workers upgrade their skills in workshops (based on NTS resources) sponsored by schools such as the University of Houston. In Wisconsin, substance abuse workers may enroll in NTS courses as part of the curriculum of the University of Wisconsin - Extension Campus. Arizona, Kentucky, New York, Utah and Washington, using a different approach, represent States that have negotiated arrangements allowing drug abuse workers to secure academic credit for NTS courses as electives (or special topics courses) in degree granting programs at several schools.

The focus of the Career Development Center in this process is not only to monitor the success of these linkages but to also respond to technical assistance requests from the States and other NTS components. The Center provides resources, personnel and technical information that promote successful alliances with academia.

In fulfilling the CDC's mission, this article on developing academic linkages raises some important issues confronting NTS officials in the early 1980's. Federal budget cuts, decreasing financial support for training fuctions and growing State-mandated credentialing requirements are some factors leading training officials, particularly at the State level, to express increased interest in developing academic linkages. Colleges and universities represent logical partners in the training function. Having NTS developed courses included in college curricula institutionalizes the State training program and assures officials of continuity for their programs despite budget cuts or probable reductions in State government training agencies.

However, as most training officials are aware, negotiating training and academic credit alliances with colleges and universities is a time-consuming enterprise. Before initiating the effort, training officials need to consider their goals and priorities and need to assess the type and extent of cooperation they desire. This article assists with this assessment effort by raising some issues for training personnel to consider prior to undertaking linkage negotiations. It also provides specific, practical tips for carrying out successful negotiations with colleges and universities.

For the sake of clarity and continuity, the negotiation process is divided into 6 stages.

The First Stage: Pre-Planning

When State training officials seek linkages with colleges and universities, they are endeavoring to share resources, materials, facilities and personnel. The philosophical orientation of the training officials as well as the assessed needs of State personnel will largely determine the kind and extent of academic linkage attempted. While most training officials support the value of cooperating with colleges and universities to offer training opportunities, they present a multiplicity of perspectives on the value and importance of securing academic credit for these training events.

Some State training officials simply do not accept responsibility for facilitating the upward mobility of their workers by pro-

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viding credit opportunities. They believe that the time, energy and effort involved in securing credit is ill-spent. Other State officials seek to provide opportunities for earning continuing education units (CEU's) from colleges and universities. The arrangement frequently takes less time to negotiate and usually meets State-mandated credentialing standards. In many cases, trianees go on to negotiate for academic credit with the institutions themselves.

Still other training officials believe that the academic/career-enhancement of their personnel is a major responsibility. By negotiating training linkages, they have established credit opportunities for associate, baccalaureate and graduate degrees at a variety of local colleges and universities. As the professionalism and educational levels of the substance abuse work force has increased (in some States, degreed workers account for 80-90 percent of the work force) the focus in establishing academic linkages has shifted from arrangements with community colleges for associate degrees to arrangements with 4 year colleges and graduate programs for advanced degrees. Before beginning the negotiation process, training officials must analyze the needs of their personnel, evaluate predicted demographic trends and their own resources, and survey the local college scene.

The Second Stage: Planning Strategies

Little needs to be said about conducting needs assessment of training personnel since this has long been a responsibility of the State Training Support Program(STSP) liaison in each State. These training officials are most familiar with the specific characteristics and resources of the State personnel and are well aware that every State has some unique needs and characteristics.

In brokering for academic linkages, training officials should consider whether they want pre-service or inservice training or both. They should determine the most appropriate and convenient type of arrangement--a summer institute, a series of workshops and seminars or a semester-long curriculum innovation at the college extension site. The higher education environment of the State in which they operate is also important. Some States have an infinite variety of postsecondary institutions covering a spectrum of viewpoints from conservative to nontraditional. Other States have more limited resources.

Before approaching local colleges and universities, training officials should consider whether it would be more advantageous to send a blanket letter to all institutions of higher education in the State--establishing contacts, gathering information and encouraging inquiries or to identify target institutions in each geographic area and establish contact with them. State training officials are in a good position to decide the overall approach to take in individual States. A blanket approach gets the State training system known around the State possibly identifying previously unknown training programs. However, it may stir up more interest/inquiries than can be dealt with and there may not be enough recipients of training (substance abuse workers) to justify involving all institutions of higher education within the State.

A selective approach which targets institutions in each geographic area and establishes contact with them also has advantages and disadvantages. The approach takes less effort, does not encourage more institutions to get involved than the substance abuse work force can support and builds on established programs where such exist. Unfortunately, this approach can miss some existing programs and the process can lead to charges of favoritism. State training officials are in a good position to decide the best overall approach to take in individual States.

The Third Stage: Identifying the Goals of Academic Linkages and Understanding the Variety of Arrangements Available:

Continuing Education Units

In addition to determining the dimensions of the linkages, training officials need to consider the types of linkages desired. Time, energy and effort will be expanded in negotiating with colleges and universities and training officials need to be aware of all possibilities. In general, there is a range of difficulty in brokering with academic institutions for continuing education units (CEU's) or academic credit. CEU's, recognized by many credentialing boards, are usually the easiest to secure. At most institutions, CEU's do not apply towards credit for a degree. This simplifies the approval process. CEU's can be negotiated by working through the Division of Continuing Education or some other college extension service. Faculty and administration of these university divisions are familiar with adult education programming and life-long learning concerns. CEU's are frequently awarded for workshops, conferences and institutes. They can be granted for topics and approaches that

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are more esoteric or specialized than courses in a typical college curriculum. For example, through the efforts of the Career Development Center, participants at the NTS Staff Development Workshop held in San Antonio, April 6-11, 1981 were able to earn CEU's from the Worden School of Social Work at Our Lady of the Lake University for participation in the Advanced Evaluation Research Seminar. In addition, every summer, drug abuse workers in South Carolina and in Maryland earn CEU's from local colleges for their participation in week-long training institutes. Although formulas vary, a frequent arrangement awards 1 CEU for each 10 hours of contact instruction.

Before approaching any school, it is helpful to review the catalog and other college materials that reveal the school's self-defined mission. It is even more beneficial to identify a colleague inside the institution who can help guide the academic linkage process through the various bureaucratic levels. Quite frankly, some schools and some administrators will be more approachable than others. This will depend on a variety of factors, including the history, tradition, environment and politics of the institution. Associations such as the Council for the Advancement of Experiential Learning (CAEL) publish directories of colleges that grant credit for experiential learning. They also publish additional information helpful for training officials beginning the negotiation process.

Special Topics Courses

Special topics courses are usually more difficult to negotiate than CEU's. With special topics courses, training officials are seeking to secure academic credit for training events. This may require approval from more administrative levels in the college. The first step is to study the catalog to determine if any listed courses are similar to the training desired. It is important to remember that while substance abuse training events are frequently interdisciplinary, colleges tend to organize learning into rigid disciplines. Training officials should consider all appropriate disciplines and identify any courses with goals, hours, readings, assignments and evaluations similar to the training events they plan. Thus, it may be possible to combine or substitute a training event for a specific course already listed in the regular curriculum. California and Kansas both offer examples of this substitution.

With a special topics course academic linkage arrangement, training officials will probably need to work with the college curriculum committee and may need to have the course evaluated by the department or discipline granting credit. However, the red tape will still be minimal. With a pre-determined slot or course number, training officials probably will not need to gain the approval of the faculty senate or other college-wide coordinating bodies to have credit awarded for their courses.

Curriculum Innovations

Curriculum innovations that involve the inclusion of a new course or series of courses in the curriculum will probably require the most work on the part of the training officials. They should be familiar with all course development information--the cost and time spent in the process, the field testing, the evaluation and the human and institutional resources used in the process. If the course or courses have previously been developed, the materials will still probably need to be modified to meet the college standards. Colleges resist the notion of "canned courses" and will insist on "faculty input" if the courses are to be offered under their auspices. If the courses have not yet been developed, the negotiation process will probably include a faculty member's involvement in the course development.

Negotiations for curriculum innovations frequently require the approval of individual department chairmen, departmental faculty, curriculum committees, faculty senates and other coordinating bodies, as well as several levels of administration. This negotiation process virtually demands the help of a sympathetic colleague on the inside to guide the process.

While acknowledging that academic linkages requiring curriculum innovations can be time-consuming, frustrating and are probably best accomplished by training officials with a sure knowledge of how academia works, many trainers believe this to be the most beneficial approach. A course by course, piecemeal plan is replaced with a long-range program that meets the long-range training needs of the State. Maryland, South Dakota and Wisconsin offer examples of States with innovative academic linkages. Training is institutionalized within the college curricula. Of course, the best way to proceed depends on the needs of the individual States

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and the State training officials are in the best position to make that determination.

The Fourth Stage: Preparing Materials and Understanding and Meeting the Needs of an Academic Audience

Whatever approach the State training officials select, the course or courses to be used in training will need to be selected, developed and/or modified before being presented to the college community in a linkage effort. National Drug Abuse Center (NDAC) developed courses--and State developed courses based on NDAC courses--have a distinct advantage in the negotiation process with colleges and universities because some 27 of them have been reviewed by and received academic credit recommendations from ACE. The American Council on Education Program on Noncollegiate Sponsored Instruction evaluates and makes credit recommendations for formal educational programs and courses sponsored by noncollegiate organizations whose primary function is not education but who offer courses to employees or members. This is true for courses developed by the National Drug Abuse Center. An independent review committee selected by ACE evaluates course materials and procedures to insure quality control for postsecondary education and the criteria they use in evaluating courses are similar to the criteria used by most colleges and universities. Course objectives, institutional procedures, testbooks, materials, evaluation methods, and prerequisites are all considered. The National Guide to Educational Credit for Training Programs, published by the American Council on Education, can be obtained for a small fee by writing to ACE. The book is helpful for training officials as they negotiate with colleges and universities.

Guidelines for Preparing/Presenting Course Materials to College Personnel

When beginning to prepare materials for academic linkages, training officials need to anticipate the orientation of an academic audience. The cornerstone of formal academic education is consistency in course content and delivery. Training officials will want to demonstrate consistency in their training programs and will want to describe their programs in a format familiar to college faculty. The following suggestions are meant to serve as guidelines in preparing course materials.

1. The first step is to develop a clear course outline/syllabus that details data on contact hours. Intensive courses should normally contain at least 35-40 hours of instruction.

2. Course learning expectation and behavioral objectives should be qualitatively equivalent to college level work and need to be spelled out clearly.

3. Evaluation procedures must be carefully delineated to demonstrate uniformity and validity.

4. Course prerequisites and/or trainee selection criteria need to be described.

5. The format of the course--the proportion of time and the sequences spent in lecture, discussion, supervised interaction or self-instruction--should be detailed.

6. The content of the course modules must be made clear and sample modules should be available for review.

7. Reading lists, with required readings from professional journals and textbooks, should be carefully prepared.

8. Training officials must be prepared to present data on the education, specialized training and work experience of their trainers. If a trainer has not been selected for a particular course, a list of potential trainers should be provided.

9. Additional supplemental materials useful in the negotiation process include brochures about the specific State training organization and the entire National Training System. Descriptions such as those found in the Source Book are helpful.

The Fifth Stage: Negotiating with College Administrators and Faculty

Good salesmanship techniques and persuasive marketing strategies are important in any negotiation process and this is true in academic linkage negotiation as well. Training officials should be clear about the advantages they will gain from successful academic linkages and they should be equally informed about what they have to offer institutions of higher education within their States. A number of successful negotiators have suggested that at least part of their success has resulted from approaching postsecondary institutions with a positive attitude and an aggressive strategy. The following descriptions are suggestive of the

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items training officials should consider in the negotiation process.

Advantages for Training Officials

Completing successful linkage efforts will provide trainers with additional resources to meet the needs of their drug abuse workers. Advantages include:

1. Preservice and inservice training opportunities.

2. Training to meet credentialing requirements.

3. Degree opportunities for drug abuse workers.

4. Additional trainer resources and training packages developed at the college or university.

5. Assistance with regular STSP functions such as regional training assessment, training evaluation research and development.

6. Familiarity with the parameters of research and development in the field.

Advantages for Postsecondary Institutions

Training officials also need to evaluate their negotiating strengths. In the past, some training agencies had grants and contracts to award and thus could make substantial financial contributions to colleges and universities. Now with trimmer budgets, such financial contributions are no longer possible. However, training officials certainly do not need to go to colleges with hat in hand begging for help. They continue to have much to offer. What follows are some of the advantages STSP's can offer institutions of higher education in their States. Training officials can offer schools:

1. Labor markets for students both after graduation and during internships. Good field placements help students do better on State merit examinations.

2. Previously developed materials: curricula, modules, self-instructional packages, represent a considerable savings in time and money for the college.

3. Increased enrollment--both part-time and full-time. Studies of trainee populations have shown that many nontraditional students continue their college studies after being enrolled in a linkage program.

4. Access to needs assessment information. The STSP's data can help university officials plan course offerings more responsive to student needs.

5. Technical assistance to faculty and administrators. Substance abuse personnel will be available to serve on advisory committees providing information for course and program planning.

6. Adjunct faculty--State trainers may be utilized by the university to provide training for regularly enrolled students.

7. Opportunity for university or college to engage in community service activities at minimal costs--eg., Sponsoring drug prevention training for teachers or members of the criminal justice system.

Individual arrangements will depend upon the States and trainee population involved. State training officials are in the best position to make appropriate decisions. In addition to the advantages previously described, some of the remainng issues to be negotiated include: the selection of instructional staff, facilities, amount and type of credit, and cost to participants

Instructional Staff

Some training officials take the position that they should maintain control over the training event. They are willing to give training materials to the college, but prefer to have their trainers accepted as adjunct faculty rather than having regular faculty function as trainers. Training officials commonly believe that regular faculty are not trained to facilitate adult learning and frequently value theory above practice in the classroom. This attitude varies from State to State, institution to instutition and professor to professor. This problem is virtually eliminated if the training is done under joint sponsorship of the State training office and a university based program that offers substance abuse specialties. Often, State training personnel have official adjunct positions in these programs.

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Facilities

Some variety in credit granted for training events currently exists. In New York, for example, 12½ instructional hours is equivalent to 1 credit. In other States, 10-15 instructional hours is equivalent to 1 credit. Most NTS training courses earn about 2 credits. College officials are reluctant to give a full 3 credits for training courses because of their experiential orientation. That is, training courses frequently do not require the written/research assignments typical of traditional college courses. Sometimes colleges and training officials work out special arrangements such as one in South Dakota. Trainees in an outreach program participate in training events and upon meeting the requirements and paying their fees, they receive 2 credits from the University of South Dakota. Students who wish to receive a third credit complete additional assignments for evaluation.

Costs

Another and most important negotiating point is cost. If costs for the credits are prohibitive, the linkage effort will not be utilized. Costs vary from State to State with graduate credit being more expensive than undergraduate credit. A common figure is $15-20 per credit for undergraduate credit and $25-30 per credit for graduate credit. Continuing Education Units can be much less expensive. Often the materials, faculty and facilities are provided by the training officials. The costs for CEU's cover the college administrative expenses alone, frequently $5-10 per unit.

In financing credit linkages, most arrangements allow all participants to be eligible for credit or CEU's with training officials verifying the participation of personnel. Direct payment, however, is made by the participants to the college. In a few cases, through grants or contracts, training officials pay for the credit awards. This method is growing increasingly rare in the 1980's.

The Sixth Stage: Completing the Linkages

Training officials who have successfully negotiated with colleges and universities agree that once a linkage effort has been established, subsequent linkages are much easier to accomplish. The first one is the hardest. Colleges are, by nature, conservative institutions. They prefer to see the successful results of prior linkage efforts before they attempt the process. The first time around, it is very important to allow several months of negotiating time. Normally, establishing the first linkage is extremely time consuming.

In the event that negotiations bog down or individual faculty refuse to consider ACE approved courses for college credit, training officials may want to consider sending a letter to the college president or board of trustees expressing the State's disappointment in the actions and/or suggesting that State employees may not receive tuition reimbursement for any courses taken at that school. Of course, when academic linkages are successfully completed, training officials should also express their satisfaction with the cooperative efforts.

The Career Development Center would greatly appreciate any information concerning exemplary academic linkages. The information should include:

- the name and title of the training official who helped establish the linkage,
- the name and address of the academic institution,
- the name and title of an academic contact person within the institution,
- a brief description of the services offered through the academic linkage.

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THE ROLE OF THE STATE TRAINING OFFICER IN DEVELOPING ACADEMIC LINKAGES

By Thomas P. Lief, Ph.D.

In 1974 the National Institute on Drug Abuse (NIDA) through its training branch instituted the State Training Support Program (STSP). The program was a response to the NIDA policy shift toward decentralization of the responsibility for drug abuse training programs. The State was and continues to be viewed as the system unit that could best identify training needs among treatment personnel.

In order to promote collaboration among the States and ensure a common base of training activities, NIDA and its upgraded Division of Training have designed guidelines to assist STSPs by defining and outlining training program elements that are common to all State Training Support Programs. The guidelines define a comprehensive State level training program in terms of 6 functional elements.

- o Needs Assessment
- o Resource Identification
- o Priority Establishment
- o Training Design and Delivery
- o Evaluation
- o Credentialing

Under the Training Design and Delivery element the States have developed a variety of approaches to deliver training. Most often training is structured either in the academic course format or a workshop format. Within the Single State Agency, the STSP or other personnel might deliver the training. For example, if the training is focused upon drug prevention strategies, a State Prevention Specialist may be asked to deliver the course. If the delivery is by means of nationally developed training packages, the Regional Support Centers are often the prime training deliverers.

Some State Training Officers have routinely arranged for training to be delivered in an institution of higher education. The immediate advantage is the availability of some form of academic recognition for the training. The most common forms of recognition are academic credits or continuing education units. Universities and colleges have an excellent potential for providing training services, particularly in light of the current emphasis on drug abuse worker credentialing within the States. Most operating credentialing systems for drug abuse workers are based upon attainment of specified standards. These standards are usually met through a mix of education/training and work experiences. It is highly likely that educational attainment will become an increasingly important aspect of the credentialing process.

Negotiating academic linkages is increasing in importance as a job function for State Training Officers. It is a task that requires the identification and utilization of specific strategies and techniques. The following vignette outlines some technical assistance strategies that were utilized by this Career Development Center (CDC) Consultant to assist one State Training Officer to develop academic linkages with local universities and colleges in his State. The technical assistance occurred over a period of several days.

Initially the CDC consultant met with the State Training Officer to assess the training and credentialing needs of the State and to also review current State procedures for training substance abuse workers. The State Training Officer, relatively new to his position, was simultaneously reorganizing his office and responding to a State mandate to achieve a greater interface with institutions of higher education. The currently used State Training packages were not formally recognized for academic credit award by any colleges or universities.

The State credentialing procedures were divided among 2 private agencies, an established alcohol organization and a newly formed drug abuse organization. The State Training Officer was responsible for providing training services for both alcohol and drug abuse workers. He personally felt that his administrative background in a local community organization had provided him with an excellent perspective on local training needs and delivery problems. He had long ago identified the need for training packages to have 'credit status'. His immediate goal was to gradually replace the 1-2 day training workshops with sequential training courses to be delivered under higher education sponsorship.

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In discussing the appropriate higher education units to approach concerning sponsorship, it was mutually agreed that the State system was most appropriate, at least as a starting point. It had lower costs and there were links to the system through the State Department of Education. Even more important, a significant percentage of the workforce was enrolled at State campuses. The State system of higher education was composed of a Community College System and a State University System.

The Community College System had more than 20 local college units scattered throughout the State and as a policy, new courses or training programs could be easily transferred among campuses. However, there were two distinct disadvantages:

- It was difficult to have new courses adopted within this system. The curricula were rigidly prescribed and all new courses underwent a lengthy review and evaluation process before incorporation into existing programs.

- Few substance abuse workers were in need of training at the Community College level.

The current academic background of the substance abuse workforce in the State was a major factor in the decision to begin initial discussions with the State University System. More than 55 percent of the workforce were either working on or possessed advanced degrees. In addition, it was far easier to adopt new courses at the university level. Many National Training System packages could be incorporated into the curriculum of specific departments using the generic 'seminar' code. This was particularly true for those programs that had alcohol and drug courses. The major disadvantage was that a course adopted on 1 university campus could not be automatically transferred to another university campus.

After agreeing to begin initial discussions with the State University System the CDC consultant and the State Training Officer outlined the following strategies for developing a linkage.

- The State Training Officer should choose 1 campus to approach and remain continually flexible and patient. Dealing with the academic community can be a frustrating experience. Institutions of higher education are historically conservative and continually strive to maintain a political balance among their often competing departments. Expect frustrating delays.

- An inside sponsor at the campus should be identified. It could be a faculty member, a departmental chairman, the Director of Continuing Education or the Academic Dean. This person should command the respect of his/her peers and be knowledgeable concerning university politics.

- A preliminary review of the institution's formal documents such as bulletins and catalogs is adviseable. These documents contain valuable information concerning the institution's structure and available resources. They also give discreet information concerning the number and types of degree programs and formal course listings. Other published materials that might be useful are faculty/student manuals, annual reports and accreditation reviews.

- The State Training Officer should become familiar with the office of the Registrar and its personnel. This office not only maintains records that verify earned credit, it can also be an important resource when brokering for credit transfer, the recognition of NTS courses and approval for nontraditional learning experiences.

- Models of cooperative agreements between the State Training Office and the university should be outlined. For example, a tuition discount might be agreed upon if the State agency could utilize NTS training consultants as adjunct university faculty. Additionally, the State agency might provide the training materials.

- The State Training Officer should demonstrate that a population of students is part of the cooperative agreement. Probation and Parole Officers, school teachers and youth program personnel are among the employees who might be interested in specialized substance abuse training at the university.

- The State Training Officer should always be striving to establish a relationship with university administra-

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tors, particularly deans and chairpersons. Their support is necessary and they must be kept knowledgeable during each phase of negotiations. They have final decision power and their opinions are crucial for the success of a cooperative agreement.

The Career Development Center was identified as the NTS component most knowledgeable in offering technical assistance on ways to develop academic linkages. CDC is mandated to provide assistance to selected States in establishing academic linkages and has acquired a knowledge base concerning academic linkage activities within selected States. It was agreed that the State Training Officer should keep in contact with CDC concerning the progress of the linkage development. CDC would also be requested to forward any supportive documents and materials concerning the establishment of academic linkages.

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GADSDEN STATE JUNIOR COLLEGE AND THE ALABAMA STATE DEPARTMENT OF MENTAL HEALTH: A FORMAL LINKAGE AGREEMENT

By George W. Bretherick

On March 18, 1981 a formal academic linkage agreement was signed by all appropriate officials representing Gadsden State Junior College and the Alabama State Department of Mental Health, Alcohol and Drug Abuse Division. Under the terms of the agreement Gadsden State Junior College may grant credit for the completion of stated National Training System courses. The credit award is based upon a written agreement that rates the National Training System courses as comparable and therefore interchangeable with a series of corresponding Gadsden State courses that are currently included in the Alcohol and Drug Associate Degree Program at the college.

Listed below are the National Training System courses and the comparable Gadsden State courses.

Course Interchange

National Training System Courses	Gadsden State Courses	Quarter Hours Credit
Assessment Interviewing for Treatment Planning	MHT 109	5
Basic Substance Abuse Counseling, Communication and Parenting Skills, and Counselor Training: Short-term Client Systems	MHT 219 Clinical Intervention	5
Emergency Department Drug Abuse Treatment, and Drugs in Perspective	HSA 211 Introduction to Alcohol and Drug Prevention and Abuse	5
Prevention: Working with the Schools, and Adolescence Intervention Strategies	HSA 212 Alcohol and Drug Abuse Services	5
Vocational Rehabilitation in the Treatment Setting	HSA 213 Theory and Practice in Rehabilitating the Chemical Dependent	5
Women in Treatment I, and Women in Treatment II	HSA 214 Therapy I	5
Cojoint Family Counseling	HSA 215 Therapy II	3
Prevention: A Course for Local Program Survival, and Prevention Program Management	HSA 216 Techniques of Alcohol and Drug Prevention	3
Training of Trainers	HSA 217 Seminar	3
Facts About Drug Abuse	HSA 220 Readings and Research I	3
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The agreement was preceded by a year of planning and negotiation activities between Gadsden State Junior College personnel and Alabama State Department of Mental Health, Alcohol and Drug Division personnel. This pre-agreement stage included the following activities.

- o The course content and instructional methods for the National Training System courses and the Gadsden State courses were reviewed for comparability.
- o Gadsden State Junior College faculty observed training sessions sponsored by the Department of Mental Health, Alcohol and Drug Division.

During the negotiation phase both parties quickly agreed that students wishing to receive credit must enroll at Gadsden State and pay the normal registration and enrollment fee. They also agreed that the Alcohol and Drug Division would provide trainers to certify Gadsden State Junior College instructors in the National Training System courses.

The following are samples of the 4 documents that constitute the formal academic linkage agreement.

I

IMPLEMENTATION OF AGREEMENT BETWEEN THE ALABAMA STATE DEPARTMENT OF MENTAL HEALTH, ALCOHOL AND DRUG DIVISION AND GADSDEN STATE JUNIOR COLLEGE

Whereas, an agreement has been signed whereby Gadsden State Junior College of Gadsden, Alabama and the Alabama Department of Mental Health, Alcohol and Drug Division would work cooperatively in the education of candidates for the Associate in Applied Science Degree in Alcohol and Drugs; and

Whereas, plans for the recruitment and selection of students from the State Alcohol and Drug Treatment Programs of Alabama have been developed by joint conferences and other meetings between the staff of the Department of Mental Health, Alcohol and Drug Division and Gadsden State Junior College; and

Whereas, the need for Alcohol and Drug Associates does exist as shown by studies conducted by the Department of Mental Health, Alcohol and Drug Division and the National Manpower Training Branch of the National Institutes on Drug Abuse; and

Whereas, Gadsden State Junior College has students attending their institution who desire to enroll in educational programs in the Alcohol and Drug Treatment Field; and

Whereas, the Department of Mental Health, Alcohol and Drug Programs have workers who desire to enroll in the Gadsden State Junior College Alcohol and Drug Program,

Therefore, the two agencies, before mentioned, desire to set out in writing the terms of an implementation agreement which includes the mutual and individual responsibilities of the two agencies. Gadsden State Junior College and The State Department of Mental Health, Alcohol and Drug Division do hereby mutually agree as follows:

Mutual Responsibility Related To Instructional Planning

1. An individual student agreement will be developed for each student who wishes to participate in this joint educational program. Such an agreement will identify the curriculum to be pursued at Gadsden State Junior College and/or through the Department of Mental Health, Alcohol and Drug Training System.
2. There will be an exchange of pertinent information between the Department of Mental Health, Alcohol and Drug Training Unit and Gadsden State Junior College during the counseling process of the student that will continue throughout the enrollment period.
3. The Gadsden State Junior College, State Department of Mental Health, Alcohol and Drug Linkage Advisory Committee will meet as needed to review needs for personnel in the Alcohol and Drug field and to give the program proper direction. Representatives from Gadsden State Junior College, Department of Mental Health, Alcohol and Drug Division and other professionals in the Alcohol and Drug field will be invited to participate on the committee.
4. Adjust the program offerings available through the Gadsden State Junior College/Department of Mental Health, Alcohol and Drug Division linkage agreement by addition of new courses, and/or by deletion of approves courses when needs and conditions warrant change.

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II

TERMS OF AGREEMENT
GADSDEN STATE JUNIOR COLLEGE

1. Gadsden State Junior College agrees to award the Associate in Applied Science Degree in Alcohol and Drugs to any student successfully completing the prescribed educational program through the 2 institutions. Only those courses taken through the auspices of Gadsden State Junior College will be considered for resident credit. Twenty-four credit hours must be taken at Gadsden State Junior College campus to be eligible for a degree.

   Transfer students must be in good standing and eligible to return to the last institution attended. They must present evidence that they have earned a minimum overall average of C. Consideration will be given to students with less than an overall C average, but admission will be probational.

2. The junior college will give a periodic report to the Department of Mental Health, Alcohol and Drug Division on the progress of students enrolled in the joint education program. This includes immediate notification if a student withdraws from the program.

3. Credit for National Training System courses completed will be noted on Gadsden State Junior College transcripts.

III

TERMS OF AGREEMENT
ALABAMA STATE DEPARTMENT OF MENTAL HEALTH
ALCOHOL AND DRUG DIVISION

1. The Department of Mental Health, Alcohol and Drug Division will furnish the Gadsden State Junior College transcripts, upon request by students, at the completion of each National Training System/State trained course.

2. The Department of Mental Health, Alcohol and Drug Division agrees to make available to Gadsden State Junior College the results of tests given to any State junior college student, or any prospective State junior college student who may apply for enrollment at Gadsden State Junior College after attending National Training System/State trained Alcohol and Drug courses.

3. The Department of Mental Health, Alcohol and Drug Division will make each of its scheduled National Training System (NTS)/State trained courses available to Gadsden State Junior College students who are enrolled in a regular program of study upon receipt of application from the student.

4. The Department of Mental Health, Alcohol and Drug Division will award a certificate of completion for Gadsden State Junior College courses which are interchangeable with NTS/State courses upon request by the student. Certificates will indicate Gadsden State Junior College letter grade attained.

IV

THE ALABAMA STATE BOARD OF EDUCATION AND THE ALABAMA COMMISSION ON HIGHER EDUCATION AGREE:

- To allow Gadsden State Junior College to grant credit for courses completed through the Department of Mental Health, Alcohol and Drug Division toward the Associate in Applied Science Degree in Alcohol and Drugs.

TERMS OF THIS AGREEMENT:

This agreement shall become effective on March 18, 1981, and shall continue through March 18, 1982, and shall be revised annually thereafter and renewed concurrent with the renewal of the basic agreement. This agreement will automatically be renewed if mutually agreed upon, unless either party desires to terminate the agreement and gives the other party ninety (90) days notice of intent to terminate.

In witness whereof, the parties hereto have caused this instrument to be executed by its duly authorized agent the _____ day of _____ 1981.

BY _____ _____
Alabama State Superintendent of Education — Date

BY _____ _____
Alabama Commission on Higher Education — Date

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BY _____ _____
President of Gadsden State Junior College — Date

BY _____ _____
Commissioner of Department of Mental Health — Date

These conditions as outlined become effective at _____
_____
_____, 19 .

APPROVALS

GADSDEN STATE JUNIOR COLLEGE

_____ _____
President — Date

_____ _____
Dean of Instruction — Date

_____ _____
Associate Dean for Vocational, Technical and Health Care Education — Date

_____ _____
Director/Department of Human Services — Date

ALABAMA DEPARTMENT OF MENTAL HEALTH

_____ _____
Commissioner — Date

_____ _____
Director, Alcoholism and Drug Abuse Division — Date

_____ _____
Date

_____ _____
Date

The Alabama State Department of Mental Health, Alcohol and Drug Abuse Division strongly believes in the value of granting academic credit for National Training System courses. The time devoted to negotiating this agreement was well spent by all parties. Finally, we are extremely proud of the cooperation that we received from Gadsden State Junior College, the Alabama State Board of Education and the Alabama Commission of Higher Education.

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THE ILLINOIS SYSTEM FOR DRUG ABUSE COUNSELOR CERTIFICATION

By Robert A. Kajdan

In early 1981 the State of Illinois formed a 29 member Task Force on Certification to both monitor and assist the Illinois Drug Abuse Counselor Certification Project in the development of a voluntary credentialing system for drug abuse counselors in the State. The project was supported by a grant from the Illinois Dangerous Drugs Commission.

A major product of the Counselor Certification Project was a draft report entitled The Illinois System for Drug Counselor Certification. The Task Force on Certification released the report in December 1981. The report outlines a proposed voluntary credentialing system for drug abuse counselors in the State. Specifically, it defines the role, purpose, functions, and responsibilities of drug abuse counselors and establishes a fair methodology for evaluation of competency.

For drug counselors the Illinois System for Drug Counselor Certification would define a core knowledge base and skill base necessary for all, regardless of treatment setting or professional training and orientation. In effect they receive a professional credential that assists employers in selecting competent counselors. It also insures the citizens of Illinois that certified drug abuse counselors meet an acceptable standard of professional competency. While certification does not guarantee that they meet predetermined criteria.

In creating this system, the Certification Task Force examined nearly 2 dozen credentialing systems for drug abuse counselors throughout the country and incorporated the most appropriate elements to form the basis for the Illinois System. The system is designed in a manner that may allow for reciprocity with other States' certification bodies.

Outlined below are some of the major aspects of the Illinois System for Drug Abuse Counselor Certification.

I. Philosophy

Drug abuse counselors in Illinois recognize that an increasing number of people rely on a wide variety of drugs to cope with the problems of living rather than using their own natural talents to cope. This reliance has resulted in a significant portion of humanity becoming addicted, isolated, institutionalized and omitted from the mainstream of society. Drug abuse counselors also recognize that people who abuse drugs are entitled to services that help them increase their ability to function in the mainstream of society. Until the middle part of the 20th century these people were largely ignored or institutionalized. Since that time a unique profession was created that enlists people from a wide variety of backgrounds to educate, treat and counsel this neglected group.

Certification is the process by which a professional organization grants recognition to counselors who meet certain predetermined criteria. This process is supported by drug abuse counselors, consumers, government agencies, and allied health/human service groups for the benefit of the general public and the profession. The main goal of this process is to assure quality services through the availability of competent and ethical drug abuse counselors.

Certification is voluntary and is open to individuals who are qualified to provide services to those persons negatively affected by drugs. This process identifies and examines a drug abuse counselor's knowledge, competencies, and skills.

II. Purpose

The purpose of a voluntary certification system for drug abuse counselors is to:

1. assure the public a minimum level of competency for quality service by drug abuse counselors;
2. give professional recognition to qualified drug abuse counselors through a process which examines demonstrated work competencies;
3. assure an opportunity for professional development by drug abuse counselors on an ongoing basis;
4. enable drug abuse programs to meet eligibility requirements for reimbursement for professional services.

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III. Definition: Drug Abuse Counselor

A drug abuse counselor is a person who possesses and utilizes a unique knowledge and skill base to inform, motivate, guide and assist drug abusers, those persons affected by problems related to the abuse of drugs, and the public for whom the prevention of drug abuse is a primary concern. This knowledge and skill may be acquired through a combination of specialized training, education, supervised work experience and life experience.

The role of a drug abuse counselor is to:

- o assist clients in making an assessment of their use of drugs;
- o assist clients in becoming involved in the counseling process in order that they may resolve problems related to the use of drugs;
- o provide experienced, professional counseling, assistance and support for clients to develop and/or maintain a responsible and functional lifestyle;
- o recognize problems beyond the counselor's training, skill or competence and be willing and able to utilize other appropriate professional services;
- o provide experienced, professional counseling services, as needed to the drug abuser's family or significant others.

IV. Who May Be Certified

Certification is open to any eligible individual who has had supervised experience counseling clients or patients for a drug abuse problem--either as a paid employee or as a volunteer--and who also meets the experiential and education/training criteria established for certification.

Prior experience and/or training may have been acquired in various ways and in different settings. These include classroom, life experience and on-the-job training.

- o Nonresidents of the State of Illinois are eligible for certification provided they meet the eligibility requirements established for residents of the State of Illinois.
- o Reciprocity agreements between Illinois and other States are being pursued through the Certification Reciprocity Consortium. When effected, certified counselors in a participating State may become certified in any other participating State without undertaking the certification process for that State.

A. Categories of Certification

Counselors can be certified at either of two levels:

1. Certified Drug Abuse Counselor--This category recognizes those counselors who have at least 1 year of drug abuse counseling experience, supervised practical experience and training in the knowledge and skill base.
2. Clinically Certified Drug Abuse Counselor--This category recognizes those counselors who have at least 2 years of drug abuse counseling experience and additional supervised practical experience and training in the knowledge and skill base.

B. Requirements for Each Category of Certification

Basic requirements for certification include:

- o experience in drug abuse counseling
- o training and education in the knowledge/skill base
- o supervised practical experience in core functions
- o knowledge of drug abuse and related areas

Level I: Certified Drug Abuse Counselor

1. Experience:

The applicant must have the equivalent of 1 year full-time experience providing direct, supervised counseling services to persons with the primary problem of drug abuse. The experience must be gained within 5 years prior to application, except

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during the provisional period. Volunteer or part-time drug counseling experience may be eligible if it is provided under direct supervision. Actual time spent in a supervised drug counselor internship or traineeship or human service setting may be applied toward the 1 year requirement.

2. Training and Education:

   The applicant must have a minimum of 100 clock hours of training/education in the knowledge and skill areas. Included in the 100 hours there must be:

   a. A minimum of 60 hours of training in counseling:

3. Supervised Practical Experience:

   The applicant must submit documentation of at least 110 clock hours of supervised practical training in performing counselor functions. Supervised practical experience is on-the-job training in counselor functions that are performed under supervision.

4. Knowledge:

   A written examination measures a counselor's proficiency in the Knowledge Base. The multiple choice test is being developed and will be administered at the end of provisional certification.

Level II: Clinically Certified Drug Abuse Counselor

1. Experience:

   The applicant must have the equivalent of 2 years full-time experience providing direct, supervised counseling services to persons with the primary problem of drug abuse. The experience must be gained within 5 years prior to application, except during the provisional period. Volunteer or part-time drug counseling experience may be eligible if it is provided under direct supervision. Actual time spent in a supervised drug counselor internship or traineeship or human service setting may be applied toward the 2 year requirement.

2. Training and Education

   The applicant must have a minimum of 180 clock hours of training/education in the knowledge and skill areas. Included in the 180 hours there must be:

   a. A minimum of 90 hours of training in counseling.

3. Supervised Practical Experience:

   The applicant must submit documentation of at least 220 clock hours of supervised practical training in performing counselor functions.

4. Knowledge:

   A written examination measures a counselor's proficiency in the Knowledge Base. The multiple choice test is being developed and will be administered at the end of provisional certification.

Since a counselor proceeds from Level I to Level II with the accumulation of additional counseling experience, training and supervised practical experience, a counselor adds on hours in the above listed areas to advance from Level I to Level II. In addition, there is a written examination of knowledge base requirements. A counselor must pass the written examination at the appropriate level in order to be certified. Specific application procedures are covered in Section IX.

V. Core Functions

Eligibility for Drug Abuse Counselor Certification includes the demonstration of competency or the ability to do the job through the performance of identified counselor core functions. (These functions have been selected from over 100 functions considered to be general tasks performed by all drug abuse counselors to various degrees.) They are included in the requirements of nearly 2 dozen credentialing bodies nationwide. A certified counselor is not required to be an expert in all 18 functions, but will gain proficiency in these functions as he/she advances in his/her career.

The Core Functions for counselors have been divided into 2 categories of service, direct and indirect service functions:

A. Direct Services

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1. Client Intake--the process of collecting client information at the beginning of treatment that is used in assessment of a client for treatment.

2. Client Orientation--individual or group sessions for the purpose of familiarizing client with program services, expectations and goals.

3. Client Education--seminars or workshops which have the major goal of increasing the client's knowledge and recognition of significant symptoms and patterns of problematic behavior.

4. Client Assessment--evaluation of client behavior, interaction with others and related information in order to understand the client's treatment needs.

5. Drug Abuse Evaluation--knowledge and application of the major theories and stages of addiction and the symptomatology of drug abuse in assessing a client's dependence on chemical substances.

6. Individual Counseling--a one-to-one counselor/client session for the purpose of investigating a client's problems and facilitating appropriate changes.

7. Group Counseling--a session of at least 3 clients with the purpose of exploring the clients' problems and facilitating appropriate changes.

8. Family Counseling--a session with the client and family members and/or significant others with the purpose of exploring the client's problems and facilitating appropriate changes.

9. Treatment Planning--setting specific short and long term goals with the client.

10. Crisis Intervention--quickly assessing and defining the nature of client's crisis situation and identifying appropriate methods of intervention.

11. Consultation--establishing contacts with other professionals in support of the client's treatment plan.

12. Triage--setting priorities of problems needing resolution and resources to be utilized.

13. Outreach--direct intervention by a counselor in a community setting to identify and/or counsel persons with drug-related problems.

14. Client Follow-up--direct contact with client following termination of treatment to assess current needs.

B. Indirect Services:

1. Recordkeeping--the process of maintaining a written record of client treatment activity/progress.

2. Written Communication--letters and other written correspondence to other professionals regarding a client's needs and treatment planning.

3. Case Review/Evaluation--the discussion and review of client treatment plans jointly by a counselor and clinical supervisor and determining whether treatment goals are being achieved.

4. Community Education--sharing drug information through an educational process with persons in the community.

In the performance of their job, drug abuse counselors utilize a unique knowledge and skill base. Listed on the following pages are the essential components of the knowledge and skill base.

VI. Knowledge Base

A certified drug abuse counselor must document in the portfolio, training in the knowledge areas. Proficiency in the knowledge areas will be measured through a written examination.

A. Level 1--Certified Drug Abuse Counselor

1. Pharmacology

A counselor shall be able to define and recognize the actions of the following drugs on the body:

a. Depressants (including alcohol)
b. Stimulants
c. Narcotics (including methadone)

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d. Inhalants
e. Hallucinogens
f. Over the counter

This knowledge is necessary in performing assessments and making appropriate referrals for treatment. A counselor shall know street terminology. A counselor shall know the routes of administration, methods of ingestion, the effects and interactions of the above categories of drugs. A counselor shall also know how to use the Physician's Desk Reference (PDR) in order to obtain information about the above.

2. Signs and Symptoms

A counselor shall be able to recognize and know the signs and symptoms of the above drugs as it applies in the following situations:

a. Usage: To be able to recognize when a person is taking the above drugs.

b. Addiction: To be able to identify when a person is physically and/or psychologically dependent on the above drugs and to know the appropriate treatment interventions.

c. Withdrawal: To be able to recognize when a person is exhibiting signs of withdrawal from the above drugs and to be able to indicate safe and appropriate methods of withdrawal.

d. Overdose/Toxicity: To be able to identify when a person has taken an excessive amount of drugs that may endanger his/her health and/or life. To know the signs, symptoms and appropriate treatment approaches for an overdose on the above drugs.

3. Rules and Regulations

A counselor shall have practical knowledge of applicable Federal and Illinois Dangerous Drugs Commission rules and regulations. Emphasis is placed on rules and regulations governing:

a. Intake Protocol: IDDC Rules 42, 43, 44

b. Discharge Requirements: IDDC Rules 42, 43, 44

c. Confidentiality Rules: IDDC Rule 11 and Federal Regulations: 92-255

d. Recordkeeping: IDDC Rules 42, 43, 44

4. Modalities for Counseling Services and Treatment

a. Outpatient: Drug free and methadone

b. Residential

c. Prevention

d. Crisis Intervention

e. Self-help groups (e.g., A.A., Al-Anon, N.A., F.A., etc.)

f. Transitional (After care)

A counselor shall know the eligibility requirements and criteria for specific modalities of service. A counselor shall understand what is offered in each modality, and the rules, regulations and limits of each of the above. A counselor shall know when it is appropriate to make referrals to each of the above.

5. Historical Perspectives

A counselor shall have an understanding of the historical perspective of drug treatment as follows:

a. How, when and why did various modalities of service develop?

b. What are current trends in drug usage and prospects for the future?

Level 2--Clinically Certified Drug Abuse Counselor

In addition to the above components, a Level 2 Counselor shall be competent in the following areas:

6. Human Development/Behavior

A counselor shall have knowledge of human development/behavior in order to do the following with clients:

a. Understand how chronological and psychological development affect behavior.

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b. Understand how social and cultural backgrounds influence patterns of drug use and abuse.

c. Understand how drug use relates to sexual lifestyles and sexual disfunction.

d. Understand how drug abuse creates dysfunctional behavior physiologically, psychologically, socially and sexually.

e. Understand the definitions of behavioral terminology.

7. Theory and Dynamics of Counseling

A counselor shall know a variety of clinical counseling approaches that may be used in treatment. A counselor shall understand the objectives and methods of:

A.) Individual Counseling: Dynamics: How drug use affects the individual.

Process: Ability to determine when and what type of counseling is appropriate for the drug abusing client.

B.) Group Counseling: Types of groups. How groups function.

C.) Family Counseling: How families function. Why families operate in a particular way. How drug use affects family members and/or significant others.

VII. Skill Base

A certified drug abuse counselor must demonstrate training in the portfolio in a variety of skill areas.

A. Counseling

A counselor facilitates appropriate changes within the client, a group of clients and/or significant others in regard to the abuse of mood-altering drugs. He/she employs the unique knowledge base of drug abuse and a wide range of generic human service skills and counseling techniques in order to facilitate a change in the client's lifestyle away from the abuse of mood-altering drugs.

The counselor demonstrates competence in:

1. Communication skills:

a. Active listening
b. Leading
c. Summarizing
d. Reflection
e. Interpretation
f. Confrontation
g. Self-disclosure

2. Establishing an effective counselor relationship with the client exhibiting:

a. Warmth
b. Respect
c. Genuineness
d. Concreteness
e. Empathy

3. Using individual, family and group counseling techniques when appropriate for the purpose of:

a. Clarifying dysfunctional behavior and its ramifications for the individual client and significant others.

b. Assisting the client and significant others in identifying and developing functional behavior.

c. Assisting the client and significant others in developing problem-solving, goal setting and decision-making skills.

d. Terminating counseling with client and significant others when appropriate.

4. Coordinating the designed cluster of services needed by the client.

5. Case referral and follow-up.

B. Case Management and Recordkeeping

A counselor formulates treatment plans, enlists the cooperation of other helping resources in the treatment process and records client information accurately, concisely and in accordance with legal requirements.

The counselor demonstrates competence in:

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1. Communicating verbally and in writing with co-workers, supervisors and other helping resources.

2. Formulating and revising treatment plans from the initiation to the termination of services to a client.

3. Maintaining up-to-date, accurate and understandable case files and records, including history, intake, progress reports, staffings, referral dispositions and termination.

4. Handling client records and information in accordance with Federal and State confidentiality regulations and the client's best interest. This includes careful and professional disclosure in the discussion of material and/or client advocacy in inter or intra-agency settings.

C. Evaluation and Assessment

A counselor makes observations and gathers information regarding the client's use of mood-altering drugs in order to determine the existence and degree of progression of drug abuse. He/she includes behavioral, physiological, familial and psychosocial information in making an evaluation of the client's status.

The counselor demonstrates competence in:

1. Identifying and evaluating the signs and symptoms of drug abuse.

2. Recognizing the variety of toxic states induced by the ingestion of mood-altering drugs.

3. Obtaining and evaluating client information about physiological and psychological needs and problems in order to facilitate the screening/treatment process.

4. Determining appropriate treatment modalities for the client and identifying appropriate sources for assessment consultation.

5. Identifying the nature and extent of drug abuse by a client and its related behavioral dynamics and manifestations.

D. Crisis Intervention

The counselor assesses and defines the nature of the client's crisis situation and initiates the appropriate course of action.

The counselor demonstrates competence in:

1. Assessing and defining the nature of the client's crisis situation.

2. Determining the client's ability to handle the crisis and evaluating the adequacy of his/her support system and aids.

3. Triage, i.e., setting priorities for problem resolution and utilizing appropriate resources.

4. Encouraging the client to pursue treatment as needed and identifying appropriate resources for the client.

Level 2--Clinically Certified Drug Abuse Counselor

In addition to demonstrating competence in the above areas, a Level 2 counselor must demonstrate competence in:

E. Treatment Planning/Coordination:

A counselor coordinates and plans a cluster of services needed by the client in the treatment process. He/she acts as a team leader in organizing, planning and delivering a cluster of allied health/human services to a client.

A counselor demonstrates competence in:

1. Evaluating and determining appropriate health/human service providers as part of a treatment team.

2. Identifying and linking the client with other health/human service providers as part of a treatment team.

3. Assisting peers and allied

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professionals in identifying clients needs and problems and establishing the treatment plan.

F. Group Counseling

A counselor facilitates changes in a group of clients and/or a client and significant others relating to substance abuse. He/she employs the unique knowledge base of drug abuse and group counseling techniques in order to facilitate change within clients.

The counselor demonstrates competence in:

1. Selecting an appropriate group experience for an individual client which shall include the ability to demonstrate screening, planning and goal setting to meet the needs of a client.

2. Possessing working knowledge of a group facilitator's role.

3. Establishing and maintaining rapport and leadership with a group of clients.

4. Identifying and clarifying dysfunctional patterns of behavior within a group.

5. Possessing working knowledge of skills required to facilitate change from dysfunctional to functional patterns of behavior within a group.

6. Knowledge and experience in the termination of the experience for the individual group.

VIII. Application Procedures for Certification

The application process for certification includes an evaluation of competency in core functions, knowledge base and skill base. Competency is evaluated through the use of a portfolio and a written examination.

The portfolio is a documentation of items exhibiting competency in knowledge and skill specifically related to the functions of a drug abuse counselor. This process allows for evaluation and validation by employers, supervisors, trainers, peers and consumers.

The written examination measures proficiency in the Knowledge Base. It is a multiple choice, 100-150 item test. The test is being developed by drug abuse counselors in consultation with a testing service that specializes in designing occupational and educational tests.

A. Application Procedure

A counselor applies for certification by:

1. Completing the portfolio packet including an assessment by the direct supervisor of his/her counseling and 3 persons who can evaluate his/her professional skills.

2. Signing the application form and release/assurance statement.

3. Submitting completed application form and signed statements with appropriate fees to IDACCP.

4. If ruled eligible on the basis of experience and training as measured by the portfolio, a date will be scheduled for the written examination.

5. If ruled ineligible, IDACCP will inform the applicant of areas that did not meet minimum standards. Applicant can re-apply when deficiencies are corrected.

A counselor advances from Level I to Level II by submitting additional experience and training information in his/her portfolio with the appropriate fees. If ruled eligible, the counselor will be scheduled for a Level II written examination. Examinations will not be scheduled until the conclusion of the provisional certification period. This delay will allow counselors an adequate opportunity to prepare for testing as well as allow sufficient time for field testing and analysis of the examination.

B. Appeals Procedure

When an applicant for certification is denied certification, questions the results of the portfolio review, questions examination results, or is subject to an action by IDACCP or its agents that he/she deems unjustified, the applicant has the right to an inquiry and appeal.

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1. Inquiry

If the applicant (complainant) feels that an action taken by IDACCP or its agents is unjustified (e.g., denial of certification), he/she is entitled to a written summary from IDACCP or its agents that explains the reasons for the action. If the complainant does not agree with the IDACCP decision, he/she may request an appeal.

2. Appeal

a. The applicant may appeal the decision of IDACCP within 30 days of receipt of the summary notice of denial or any other action deemed unjustified by sending a certified letter to the President of the Board at the IDACCP office.

b. The President reviews the written appeal and appoints a 3 member hearing committee of certified counselors to hold an oral hearing of the complaint within 30 days of receipt of the certified letter.

c. The complainant will be informed of the results of the hearing by certified mail. These results are considered final unless the complainant requests a further hearing by the Board.

d. The hearing committee will report the results of the hearing to the Board of Directors at the Board's next meeting. If the Board has received an objection to the decision, it will review the entire matter.

e. The Board of Directors will review the findings of the hearing committee and the objections of the complainant. It will notify the complainant of its final decision by certified mail within 30 days of its meeting.

IX. Provisional Certification

A Provisional Certificate is a temporary certificate which will be issued to drug abuse counselors for a period of 1 year beginning tentatively on July 1, 1982 and expiring 1 year later on June 30, 1983. The purpose of the provisional certification period is to allow counselors this period for preparing and submitting portfolios containing documented evidence of training, education and experience. At the same time, the written examination which tests the Knowledge Base will be field tested for fairness and validity.

Two unique features of the Provisional Certificate are:

1. Counselors are not required to take the written examination until the end of the provisional certification period, and

2. Clinical counseling experience gained at any point during the counselor's professional career may be recorded. The requirement that experience recorded in the portfolio must have been acquired within the 5 years prior to application for certification is waived during the provisional certification period only.

A. Application Procedure

The application procedure for provisional certification is the same as the procedure to be followed for full certification except that no written examination will be scheduled. Applicants who do not meet the certification requirements will be notified of deficiencies by letter.

To become fully certified, counselors holding Provisional Certificates will be required to pass the written examination on the Knowledge Base within 1 year after it is first announced and made available.

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RECIPROCITY AMONG STATE CREDENTIALING SYSTEMS

By Kay Taube and Beverly Penn

The past decade has witnessed the emergence and professionalization of the category of human service practitioners working with drug and substance abuse clients. Throughout most of that period, the essential leadership and advocacy for skill-based training, resource development and practitioner credentialing has come from the National Training System (NTS). The NTS is a complex of State, regional and Federal level grants and contracts designed to create a fully prepared drug abuse workforce to provide the highest quality of treatment services to addicted persons and their families. Designed and implemented by the National Institute on Drug Abuse, Division of Training, this system is now undergoing substantial alterations: its Federal and regional level coordination and resource development efforts are drawing to a close, while support is continuing to be provided to the separate States for their drug abuse workforce planning, training and development.

Among the issues on which the Division of Training has consistently provided support is that of professionalization, and the mechanism usually employed to further this goal, worker credentialing. The National Institute on Drug Abuse determined that each State should develop systems of competency assessment and credentialing, with support and assistance coming from one of its Federal contracts, The Career Development Center. The Center has worked with some 20 States over the past several years, transferring ideas and technology and assisting States in their credentialing system design and operations. Currently, some 22 States utilize some method of assessing competencies and credentialing drug and substance abuse workers, an issue area more fully explored in another Career Development Center publication.

As States have proceeded in the development of credentialing systems, the related matter of reciprocity has emerged as an issue affecting many practitioners and drug abuse human resource planners. Reciprocity is the method/agreement between two or more States to honor or grant advanced standing to practitioners credentialed in one State who seek acknowledgment and ability to practice in another State.

In effect, reciprocity is a mechanism by which the validity of a State's competency standards can be recognized by another State or group of States. In part, because of the tremendous variations among the States' credentialing models, few States have, to date, established formal reciprocity agreements. Formal reciprocity agreements are mutually established by 2 or more cooperating States, and result in an agreed upon approach to recognizing some or all of the competency standards and/or assessment procedures of the cooperating States. Informal reciprocity agreements may be unilaterally determined, such as Maine's decision to waive written exams for applicants recognized by other substance abuse counselor credentialing bodies.

In the absence of any national standards for credentialing drug abuse workers, the impetus has been and remains with the States to develop reciprocity agreements, just as the States have assumed responsibility for development of credentialing systems.

The Advantages of Reciprocity Agreements

The emergence of drug abuse counseling as a profession remains a fairly recent phenomenon. As the nondegreed drug abuse worker begins to achieve recognition (in the form of a credential) for competency that is founded in experience, education and training he or she desires assurances that this recognition will be meaningful to clients, to the general public, to employers, and to funding sources.

In a geographically mobile society such as ours, the drug abuse counselor also desires assurances that his or her professional competence will be recognized nationally, or, at least, by several States. Reciprocity is a means for providing these assurances. State Training Support Program liaisons from many States in which credentialing systems are in developmental or early operational stages report that already they are beginning to feel pressure from drug abuse counselors to develop reciprocity agreements. In the absence of reciprocity agreements, drug abuse workers are concerned that:

- they will not be able to practice their profession in States with mandatory credentialing
- they will need to repeat education/ training, work experience or testing requirements. The time and cost

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factors associated with repeating these experiences may prohibit further employment in the drug abuse field

- in States where credentialing systems are not in place, they may be forced to compete with a labor force that is predominately academically trained and degreed.

Reciprocity agreements are not only beneficial to the geographically mobile drug abuse worker, but also to the clients they serve, to the general public, and to the credentialing systems of the States involved. For the client and for the public, reciprocity provides an assurance that the counselor is capable of providing services according to that State's professional standards. In States where third party payments are contingent upon the credentialing status of the service provider, reciprocity agreements can influence the cost of services to clients in private and State funded programs.

Reciprocity agreements also provide several advantages to the credentialing system itself. First, reciprocity enhances the perceived value of the credential, which in turn encourages drug abuse workers to participate in the credentialing process. It seems safe to assume that a credential that is recognized by 6 or 8 States would be perceived to be of greater value than a credential that is recognized only by the States in which it is conferred.

Secondly, through the process of developing reciprocity agreements, credentialing systems are forced to undergo both introspective and comparative analysis in defense of the standards and assessment procedures they employ. States with inferior standards or assessment procedures that are too lax may choose to strengthen their credentialing requirements while States with too stringent requirements may choose to bring their system into greater conformity with the credentialing system(s) of reciprocating States.

Thirdly, time and costs associated with administration of the credentialing process are reduced through reciprocity agreements, which all but eliminate unnecessary duplication of effort for the applicant and the credentialing body. For example, by recognizing the competency assessment procedures of the Indiana Counselors Association on Alcohol and Other Drug Abuse, the Michigan Certification Board for Addiction Specialists need not readminister competency assessment procedures to credential certified Indiana counselors.

Developing Reciprocity Agreements

In 1980, the National Institute on Drug Abuse identified 10 States who had shown themselves to be leaders in the effort to credential drug abuse workers. These States were designated "lead" States and were to assist other States in developing credentialing models and reciprocity agreements. The 10 States (Indiana, Kansas, Minnesota, Nebraska, Nevada, New Jersey, Pennsylvania, South Carolina, Utah and Wisconsin) known as the Credentialing/Reciprocity Task Force received additional grant funding to host regional level meetings aimed at accelerating credentialing and reciprocity activities among States within their respective regions. The regional meetings were scheduled through 1981.

The role of the Credentialing/Reciprocity Task Force and the Regional Meetings hosted by Task Force States was primarily an informative and facilitative one. The complexities of developing credentialing/reciprocity agreements were addressed at each of these meetings so that States could begin to consider the issues they would need to address as they developed or implemented credentialing systems and reciprocity agreements. The following is a discussion of those critical issues.

Issues and Considerations

When a State credentialing body approaches the task of establishing reciprocity agreements, some or all of the following issues and considerations must be addressed:

- When is a credentialing system best prepared to begin to seek reciprocity agreements?

- Which reciprocity model is preferred? Which is most applicable to the credentialing system seeking reciprocity?

- Should the State credentialing body take the initiative to develop reciprocity, or is it likely that national standards will be developed which may preclude the necessity of developing reciprocity agreements?

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- What authority or sanctions do the respective credentialing bodies have?
- What are the anticipated costs associated with developing and adminstering a reciprocal agreement? How are these costs to be assumed?
- Which categories of workers will be affected by the reciprocal agreement?
- How will the reciprocity agreement address workers who were credentialed under a grandfather clause?
- How will the reciprocal agreement account for differing standards between the State credentialing systems?
- How will the reciprocity agreement address recertification requirements?

Timing for Seeking Reciprocity

A State must decide for itself the best timing for seeking reciprocity, after deliberating the possible advantages and disadvantages associated with each identified alternative. During the planning or developmental stages of establishing a credentialing system, a State may wish to examine credentialing models that have been used successfully by other States. Credentialing models that are operating in neighboring States may be particularly useful, provided there are some administrative, political or organizational similarities associated with the delivery of drug abuse services between the States. The State may then elect to replicate or adopt many of the credentialing standards and competency assessment procedures used by another State. If a decision to seek reciprocity is made during one of these stages it may influence which State models will be examined and possibly replicated. For instance, Alabama has expressed an interest in joining the Credentialing/Reciprocity Consortium. Therefore, in developing drug abuse counselor credentialing standards, Alabama may find it helpful to examine the credentialing standards of Consortium States before finalizing its credentialing model. Conversely, States may choose to examine reciprocity as a means to establish a set of core competencies around which States can develop their credentialing systems. (This option is being considered by several States in the Southeast that are developing competency based systems.)

If this approach is adopted, States seeking to establish reciprocity should bear in mind that no two State credentialing systems are exactly alike. While recognizing differences between credentialing requirements, States should also look to similarities. In many instances, competency addressed by 1 credentialing system may appear in another State's standards under different wording. Negotiations on how to account for differences between State credentialing models could result in States agreeing to award reciprocity, in spite of differences. Or, negotiations may result in one or both of the States modifying some of their requirements.

States that have recently begun to operate their credentialing system may wish to consider developing reciprocity agreements as a means of increasing the perceived value of the credential. Particularly in States where credentialing is a voluntary process, workers may initially appear reluctant to seek credentialing. If workers know that their credential will be recognized by other States, they may be less reticent to support the new process.

It is not unusual for a State to wish to test the operation of its credentialing process before seeking reciprocity. The more mature system has generally gained the support of the field, demonstrated its stability and validity, and has made necessary system modifications consistent with any problem which may have arisen during implementation. While the more mature credentialing system may have more to offer in seeking reciprocity, it may lack the flexibility in negotiating change that is enjoyed by a recently implemented or developmental credentialing model.

The diversity of credentialing system models clearly demonstrates that drug abuse worker credentials mean different things in different States. In Rhode Island, for example, certification implies that a nondegreed worker has a minimum of 1 year's paid, supervised experience in a drug abuse program and has participated in no less than 4 training events. While in North Carolina the same nondegreed worker has had no less than 5 years supervised professional experience plus training. Thus no single reciprocity agreement could encompass all the differences between credentialing programs. However, there are very viable opportunities for reciprocity even between States with very different credentialing systems.

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On November 18-19, 1981 the first meeting of the Professional Development Program Standards Committee was convened under the exist- Career Development Center contract. The meeting was held at the Georgetown Hotel in Washinton, D.C.

Under the terms of the existing contract the role of the Standards Committee and its Subcommittees is to advise the contractor, Career Development Center, in two basic areas.

1. The Standards Committee advises CDC on establishing rules and procedures that are necessary for the operation of the Professional Development Program.

2. The Standards Committee advises CDC concerning the establishment and maintenance of the participant and Instructor/Trainer Registry.

The following Standards Committee members were present.

1. Ms. Barbara Bedford, Director
   Central Regional Support Center
   910 South Michigan
   Suite 521
   Chicago, Illinois 60605

2. Mr. George Bretherick
   Training Coordinator
   State Department of Mental Health
   Division of Mental Illness and
   Substance Abuse Community Programs
   502 Washington Avenue
   Montgomery, Alabama 35130

3. Mr. William N. Csen
   Director, Training and Education
   Center for Alcohol, Narcotics
   and Drug Abuse
   CN 365
   Trenton, New Jersey 08625

4. Mr. Ramon Adame
   Institute Adviser
   Southwest Training Institute
   801 North Stanton Street
   El Paso, Texas 79902

5. Dr. Mary Gay Maxwell
   Training Development Coordinator
   Department of Community Affairs
   210 Barton Springs Road
   Austin, Texas 78704

6. Mr. Ken Howard
   Substance Abuse Training Specialist
   Department of Mental Health and
   Mental Retardation
   P.O. Box 1797
   Richmond, Virginia 23214

7. Ms. Sandra Eveloff, Director
   Southwest Regional Support Center
   3527 Broadway, Suite 201
   Kansas City, Missouri 64111

8. Ms. Carmen Townsend, Coordinator
   State Training Support Program
   Illinois Dangerous Drug Commission
   300 North State, Suite 1500
   Chicago, Illinois 60610

9. Ms. Kathy Coughlin
   Assistant Deputy Director for
   Training and Development
   Substance Abuse Services
   350 Broadway
   New York, New York 10013

10. Mr. Norbert Phillips, Information/
    Resources/Academic Linkages
    Western Regional Support Center
    15215-52nd Avenue, South
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    Seattle, Washington 98188

11. Mr. Bernard James, Deputy Director
    Southeast Regional Support Center
    410 W. Peachtree Street, N.W.
    Suite 1500
    Atlanta, Georgia 30308

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12. Dr. Moses Rabb
Assistant Director
Division of Training
South Carolina Commission on
Alcohol and Drug Abuse
3700 Forest Drive
Columbia, South Carolina 20204

13. Dr. William H. Wheeler
Director, National Drug Abuse Center
8630 Fenton Street, Suite 300
Silver Spring, Maryland 20910

14. Ms. Anita Chidichimo
Associate Director for Information
Services
Center for Multi Cultural Awareness
2924 Columbia Pike
Arlington, Virginia 22204

15. Mr. James E. Jones
Information and Resource Specialist
Northeast Regional Support Center
1211 Chapel Street
New Haven, Connecticut 06511

16. Dr. Jerome A. Contee, Chairperson
Director, Career Development Center
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Potomac, Maryland 20854

Dr. Lonnie E. Mitchell, Acting Director, Division of Training, addressed the Standards Committee concerning its work and stated that "The Professional Development Program is one of NIDA's major initiatives in assisting with the professionalization of the drug abuse field. Unlike other professional areas, the area of drug abuse or the addictions in general has not received the professional recognition as other health service delivery fields such as psychology, psychiatry, social work, mental health and perhaps even alcohol. The PDP provides workers with a process that enables them to be recognized as competent professionals who deliver the highest quality of training services. While the PDP does not credential workers, it does provide participants with the means of documenting and recording their NTS training achievements in NTS sponsored courses. The work of the Standards Committee is vital for the successful operation of the Professional Development Program."

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A focal point of the meeting was the Report of the Certification Review Subcommittee chaired by Mr. Norbert Phillips of the Western Regional Support Center. The Subcommittee reviewed more than 500 applications and recommended that 294 registry participants receive status as instructors or trainers.

The Subcommittee review process was extremely thorough. Besides utilizing a written evaluation form for the review process, each applicant applying for status was reviewed twice. The Standards Committee voted unanimously to grant instructor or trainer status to the 294 individuals.

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